

County: Sheboygan
MEADOW VIEW MANOR NURSING HOME
3613 SOUTH 13TH STREET

Facility ID: 5490

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SHEBOYGAN 53081 Phone:(920) 458-4040
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 74
Total Licensed Bed Capacity (12/31/02): 74
Number of Residents on 12/31/02: 73

Ownership:
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 70

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		42.5
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		46.6
Supp. Home Care-Household Services	No	Developmental Disabilities	1.4	Under 65	2.7	More Than 4 Years		11.0
Day Services	No	Mental Illness (Org./Psy)	15.1	65 - 74	13.7			-----
Respite Care	No	Mental Illness (Other)	1.4	75 - 84	39.7			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	32.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.4	95 & Over	11.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	5.5		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	15.1		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	15.1	65 & Over	97.3	-----		
Transportation	No	Cerebrovascular	6.8		-----	RNs		15.6
Referral Service	No	Diabetes	5.5	Sex	%	LPNs		3.2
Other Services	No	Respiratory	5.5	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	27.4	Male	24.7	Aides, & Orderlies		
Mentally Ill	No		-----	Female	75.3	41.6		
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
		Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Level of Care	No.	%																		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Skilled Care	13	100.0	286	44	100.0	111	1	100.0	111	15	100.0	139	0	0.0	0	0	0.0	73	100.0	
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Total	13	100.0		44	100.0		1	100.0		15	100.0		0	0.0		0	0.0	73	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

				% Needing				Total	
Percent Admissions from:		Activities of		Assistance of		% Totally		Number of	
		Daily Living (ADL)		One Or Two Staff		Dependent		Residents	
Private Home/No Home Health		23.4	Independent		93.2		6.8		73
Private Home/With Home Health		0.0	Bathing		76.7		8.2		73
Other Nursing Homes		0.9	Dressing		63.0		6.8		73
Acute Care Hospitals		69.4	Transferring		63.0		6.8		73
Psych. Hosp.-MR/DD Facilities		0.0	Toilet Use		31.5		6.8		73
Rehabilitation Hospitals		0.0	Eating				6.8		73
Other Locations		6.3	*****						
Total Number of Admissions		111	Continence		% Special Treatments				%
Percent Discharges To:		Indwelling Or External Catheter		1.4		Receiving Respiratory Care		0.0	
Private Home/No Home Health		38.1	Occ/Freq. Incontinent of Bladder		28.8		Receiving Tracheostomy Care		0.0
Private Home/With Home Health		3.1	Occ/Freq. Incontinent of Bowel		11.0		Receiving Suctioning		0.0
Other Nursing Homes		2.1					Receiving Ostomy Care		5.5
Acute Care Hospitals		5.2	Mobility				Receiving Tube Feeding		4.1
Psych. Hosp.-MR/DD Facilities		0.0	Physically Restrained		1.4		Receiving Mechanically Altered Diets		30.1
Rehabilitation Hospitals		0.0							
Other Locations		9.3	Skin Care				Other Resident Characteristics		
Deaths		42.3	With Pressure Sores		2.7		Have Advance Directives		97.3
Total Number of Discharges		With Rashes		0.0		Medications			
(Including Deaths)		97					Receiving Psychoactive Drugs		68.5

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		This Facility	Ownership: Proprietary		Bed Size: 50-99		Licensure: Skilled		All Facilities
		%	%	Ratio	%	Ratio	%	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		94.6	84.7	1.12	87.1	1.09	85.3	1.11	85.1 1.11
Current Residents from In-County		90.4	81.6	1.11	81.5	1.11	81.5	1.11	76.6 1.18
Admissions from In-County, Still Residing		23.4	17.8	1.32	20.0	1.17	20.4	1.15	20.3 1.15
Admissions/Average Daily Census		158.6	184.4	0.86	152.3	1.04	146.1	1.09	133.4 1.19
Discharges/Average Daily Census		138.6	183.9	0.75	153.5	0.90	147.5	0.94	135.3 1.02
Discharges To Private Residence/Average Daily Census		57.1	84.7	0.67	67.5	0.85	63.3	0.90	56.6 1.01
Residents Receiving Skilled Care		100	93.2	1.07	93.1	1.07	92.4	1.08	86.3 1.16
Residents Aged 65 and Older		97.3	92.7	1.05	95.1	1.02	92.0	1.06	87.7 1.11
Title 19 (Medicaid) Funded Residents		60.3	62.8	0.96	58.7	1.03	63.6	0.95	67.5 0.89
Private Pay Funded Residents		20.5	21.6	0.95	30.0	0.68	24.0	0.86	21.0 0.98
Developmentally Disabled Residents		1.4	0.8	1.72	0.9	1.49	1.2	1.16	7.1 0.19
Mentally Ill Residents		16.4	29.3	0.56	33.0	0.50	36.2	0.45	33.3 0.49
General Medical Service Residents		27.4	24.7	1.11	23.2	1.18	22.5	1.22	20.5 1.34
Impaired ADL (Mean)		40.0	48.5	0.82	47.7	0.84	49.3	0.81	49.3 0.81
Psychological Problems		68.5	52.3	1.31	54.9	1.25	54.7	1.25	54.0 1.27
Nursing Care Required (Mean)		5.3	6.8	0.78	6.2	0.85	6.7	0.79	7.2 0.74